



SEP 17 2012

Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

Type of Statement					
<input type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization. <table border="1"> <tr> <td>Date Changes Took Effect</td> <td>SBE-issued Committee ID</td> </tr> <tr> <td>9/17/12</td> <td></td> </tr> </table>	Date Changes Took Effect	SBE-issued Committee ID	9/17/12	
Date Changes Took Effect	SBE-issued Committee ID				
9/17/12					
Committee Information					
Committee Information	Friends of Chyrell Bucksell				
	Name of Candidate Campaign Committee				
	1567 B North Van Dorn St				
	Street Address/PO Box				
	Alexandria VA 22304				
	City State Zip Code				
Chyrell@Vote4chyrell2012.com	7032314096				
Email Address	Daytime Phone #				
Vote4chyrell2012.com					
Campaign Website					
Candidate Information					
Candidate Information	Bucksell Chyrell D				
	Salutation Last Name First Name Middle Name Suffix				
	1567 B North Van Dorn St				
	Residence Address				
	Alexandria VA 22304				
	City State Zip Code				
	Alexandria 919489078				
	County or City of Residence				
Chyrellbucksell@gmail.com	7032314096				
Email Address	Daytime Phone #				
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					
Election Information					
Election Information	School Board B				
	Office Sought				
	Independent 2012				
	Political Party				
<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special					
Year of Election Type of Election					



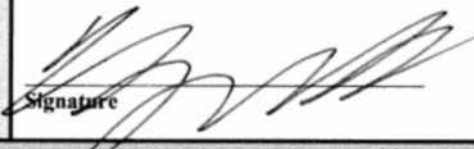
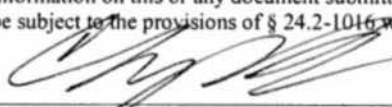
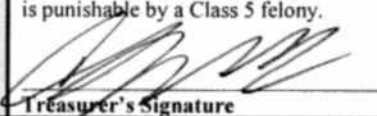
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Treasurer Information				
Treasurer Information	Ms. Bucksell Chyrell Dyanne			
	Salutation	Last Name	First Name	Middle Name
	1567 B North Van Dorn St			
	Residence Address		Apt #	
	Alexandria		VA 22304	
	City		State	
Alexandria		919489078		
County or City of Residence		Voter Identification #		
Chyrell bucksell@gmail.com		7032314096		
Email Address		Daytime Phone #		
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Campaign Depository				
Bank of America				
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)		
Alexandria VA				
City		State		
		City		State
Committee Activity				
Dates of Activity	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")			
	Date first contribution accepted:		8/10/12	
	Date first expenditure made:		8/10/12	
	Date campaign depository designated:		NA	
	Date filing fee paid for party nomination:		NA	
	Date Statement of Qualification filed:		NA	
	Date treasurer appointed:		6/22/12	

(continued on next page)



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Filing Method	
Filing Method	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input type="checkbox"/> File electronically using SBE's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an SBE Approved Vendor (Please indicate Name of Vendor: _____)</p> <p><input checked="" type="checkbox"/> File paper reports.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <div style="font-size: 1.5em; margin: 0;">9/17/12</div> Date </div> </div>
Signatures	
Candidate's Signature	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  Candidate's Signature </div> <div style="text-align: center;"> <div style="font-size: 1.5em; margin: 0;">9/17/12</div> Date </div> </div>
Treasurer's Signature	<p>I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  Treasurer's Signature </div> <div style="text-align: center;"> <div style="font-size: 1.5em; margin: 0;">9/17/12</div> Date </div> </div>